

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							
2	1							
3	1							
4	2							
5	1							
6	1							
7	1							
8	1							
9	1							
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TOTAL IND.	4							
TOTAL DEP.	1	1						
TOTAL CLAIMS	2	3						

	IND	DEP	IND	DEP	IND	DEP
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